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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*NONE mck*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*NONE mck*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 25	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>mck</i>				

## ADDRESS

45727

## TITLE

ISOLATED ORDERED REGIONS (IOR) PREFETCHING AND PAGE REPLACEMENT

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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